

earn less on the dollar as to other women. Without Social Security, 61 percent of Latinas over the age of 65 would live below the poverty line. Social Security has been the most successful anti-poverty program perhaps ever to be undertaken. According to a report released today by the National Women's Law Center, the typical widow receives a benefit of \$865 per month. I am frightened to think that Republicans want to strip women of their earned benefits simply because they live longer.

Without Social Security benefits, the poverty rate for unmarried women would be about 60 percent instead of the current 16 percent! But under the leading Republican privatization plan, the benefit would be only \$476 per month. This amount is equal to only 65 percent of the poverty line! Women account for 70 percent of all Social Security beneficiaries older than 85. Women still earn less than men—73 cents to the dollar—and minority women face even larger disparities in wages.

Privatization means that women who are on the edge of poverty living in my district would be at the mercy of an unpredictable stock market. Without guaranteed benefits, these women would be forced to live day-to-day, just trying to put food on the table. These women would lose the "security" from Social Security! Democrats believe that all American workers should get the benefits they paid for.

We want to save, strengthen, and secure Social Security for the future generations. Our senior citizens and future generations should not be guinea pigs for a political experiment. Just like the non-existent weapons of mass destruction—you have been told a scary story by the Republican majority and President Bush. Let me assure you—Social Security is not in a crisis. Democrats will fight to protect your earned benefits.

#### ORANGE COUNTY GROUNDWATER REPLENISHMENT SYSTEM

**HON. LORETTA SANCHEZ**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 1, 2005*

Ms. LORETTA SANCHEZ of California. Mr. Speaker, today I am introducing a bill to support the Orange County Groundwater Replenishment System. This bill is identical to the one I introduced in the 108th Congress as H.R. 1156, which passed the House by voice vote under Suspension of the rules last year.

The bill would increase the authorized Federal share for the Orange County California Groundwater Replenishment (OCGWR) System from \$20 million to \$80 million. This will allow Orange County to complete this important and much-needed project, which will serve about 2.3 million residents of north and central Orange County, and it will create a new water supply of 72,000 acre-feet per year.

The OCGWR project is not just important to Orange County, California, but also to the entire western United States. By recycling our own water, we in Orange County would not have to rely so heavily on water from the Colorado River Aqueduct or the San Francisco Bay Delta.

Moreover, the OCGWR is a highly innovative recycling project—a pilot project for other future water recycling projects. Experts in pub-

lic water management systems, from other States and from countries from around the world, have come to Orange County to look at the tertiary cleaning system that we have. The project is of national and even international significance.

This is a straightforward and reasonable bill. Its passage would simply bring the Federal share of funding closer to 25 percent, the level at which almost every other reclamation project is funded under Federal water reclamation and conservation programs.

This project, and this legislation, has received strong support from Members on both sides of the aisle. As I mentioned previously, the Committee on Resources very generously allowed this same bill to be considered under Suspension of the Rules last year. I would like to take this opportunity to again thank Chairman POMBO from California, Ranking Member RAHALL from West Virginia, as well as former Subcommittee Chairman CALVERT and Ranking Member NAPOLITANO of California for their overwhelming support of this bill.

I would also like to thank my colleagues from Orange County for their continued support. Mr. MILLER, Mr. COX, Mr. ROHRBACHER and Mr. ROYCE are strong supporters of this project. Securing funding for the OCGWR has always been, and will continue to be, a bipartisan effort.

Lastly, let me thank Orange County Water District President Phil Anthony, former OCWD Board Chair Denis Bilodeau, and General Manager Virginia Grebbien for their hard work and leadership in groundwater recycling. Their innovation has put Orange County in the forefront of water recycling and groundwater replenishment technology.

I look forward to working on passing this legislation with all of my colleagues, and I thank them again for their continued support.

#### REINTRODUCTION OF THE ORAL HEALTH PROMOTION ACT

**HON. BERNARD SANDERS**

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 1, 2005*

Mr. SANDERS. Mr. Speaker, I want to announce today the reintroduction of the Oral Health Promotion Act, a bill I previously sponsored in the 107th Congress. I will reintroduce this bill tomorrow and I urge my colleagues on both sides of the aisle to join me as original cosponsors on this important legislation.

Mr. Speaker, oral health care in the United States is in a sad state of decay. Congress cannot neglect it any longer. While the number of Americans without private health insurance of any kind is staggering enough at over 45 million, the number of Americans without private or public dental insurance is more than two times that figure. One hundred and eight million Americans—at last count—had no dental insurance at all: no coverage for emergency services, no coverage for fillings, no coverage for braces, no coverage for check-ups. Amazingly, despite great advances in oral health sciences, the Surgeon General has reported that tooth decay has become the single most common chronic childhood disease—five times more common than asthma and seven times more common than hay fever.

What does our neglect of oral health cost us? Surveys have shown that dental problems

cause children to miss more than 51 million hours of school and adults to miss more than 164 million hours of work each year. That's a lot of lost education, lost productivity and lost pay. And let's be clear—lack of access to dental care does not strike evenly across the socioeconomic spectrum. According to the U.S. Surgeon General:

Poor children suffer twice as many cavities as their more affluent peers, and their disease is more likely to be untreated.

Poor children suffer nearly 12 times more restricted-activity school days than children from higher-income families. (In my own state, which is doing a lot better than the national average on many oral healthcare indicators, a recent study found that 23 percent of children in grades 1–3 experienced 82 percent of all decay found.)

Medicaid has not been able to fill the gap in providing dental care to poor children: Fewer than one in five Medicaid-covered children received a single dental visit in a recent year-long study period.

For each child without medical insurance, there are at least 2.6 children without dental insurance.

For every adult 19 years or older with medical insurance, there are three without dental insurance.

Obviously, there are a lot of factors at play in this problem. But when it comes down to what we can do to increase access to dental care for the largest number of people, the solution, I think, already exists. While many other dental providers close the door to Medicaid and uninsured patients, often because they do not receive adequate reimbursement for the services they provide, Federally Qualified Community Health Centers provided dental services to millions and millions of them last year. Currently, over 1,000 community, migrant, and homeless health centers serve over 15 million people in 3,600 urban and rural communities in every State and territory.

It is clear that focusing on expansion of the dental care infrastructure through these and similar community-based providers will get us the biggest bang for our buck. Community health centers—which serve all patients in their communities regardless of their ability to pay—are on the front lines of getting dental care to those who are least likely to get it, namely those on Medicaid and those with no insurance at all. A lot of praise has been showered on this successful program for many years and from both sides of the aisle, including from President Bush, and rightly so. Now I think we really need to put our money where our mouths are and fund the creation of more dental care infrastructure based on the community health care model.

That is why I am introducing the "Oral Health Promotion Act" to address our national crisis in access to dental care. This bill will make a serious commitment to developing a dental health care infrastructure across our country and expand access to high-quality, affordable dental and health care for all Americans. It will:

(1) Create a \$140 million fund for the workforce, capital and equipment needed to establish or expand oral health services at community health centers, school-based dental centers (and other community-based sites) across the country;

(2) Provide states with an enhanced federal match (FMAP) for agreeing to cover full adult dental benefits under the Medicaid program;